Ovation Orthopedic Trauma Table
Model: 6310

Work Instruction Number 50603-10

Contact Information:

Date: _____Model/Serial#: _____ Account #: _____

Hospital Name: _____ City & State: _____

Contact Name: _____ Position: _____ Phone: _____

Equipment Location: _____

Service Representative: _____ Service Organization: _____

Service Rep. phone: _____ Home location: _____

Customer contact accepting service: _____ _____ _____

Name please print Signature Date

Service Representative: _____ _____ _____

Name please print Signature Date

Using this report: Please proceed through each step and place an "x" in the "( )" as each item representing **Pass** **Fail** **( ) ( )** criteria is inspected. If a step has failed, please indicate with an "x" and note the reasons in the comments section. If you resolve the failure place an "x" in the "Pass" area and indicate the corrective action again in the comments section. If you are unable to perform any Pass/Fail check, please contact Mizuhosi Technical Services for assistance and circle the check

Biohazards when servicing equipment: Please take appropriate precautions for servicing potentially biohazard contaminated equipment or working in biohazard surroundings. Please wear protective surgical gloves and long sleeved gowns at all times. If your gloves or protective clothing tears, replace immediately. Have the hospital staff clean the equipment appropriately prior to servicing. Clean your tools that may become contaminated with biohazards prior to placing back in your tool kit for removal from the location. If you suspect biohazards are present do not handle until they have been cleaned.

(If serviced by an outside service organization, the record must be reviewed, signed, and dated by Technical Services Dept. Refer to last page of this document).

Surgical Tables Covered:

6310 Ovation Table (electrical version)

Tools Required:

Digital Multi-meter with probes and hook leads.

Normal Hand Tools

Materials Required:

Ovation Orthopedic Trauma Table Model 6300/6310 User Guide – NW0224

Ovation Orthopedic Trauma Table Maintenance and Repair Manual – NW0384

Pass Fail

1. General Overall Condition.

1.1 ☐ ☐ Table base is clean, without signs of hazardous contamination, is consistent with proper care.

Comments: _____

1.2 ☐ ☐ All labels are intact and are legible.

Comments: _____

2. Power Input Inspection.

2.2 ☐ ☐ Power cord with AC plug is free of wear, corrosion, insulation cracks, and plug is properly attached to power cord.

Comments:_____

2.3 ☐ ☐ The table base "ON/OFF" switch / circuit-breaker, is properly attached and splash protector is not torn or pierced. When switched on, green light illuminates.

Comments: _____

3. All Casters Operate Properly.

3.1 ☐ ☐ Spar casters rotate and roll freely and smoothly full 360 degrees.

Comments: _____

3.2 ☐ ☐ Base casters rotate and roll freely and smoothly full 360 degrees.

Comments: _____

3.3 ☐ ☐ All casters do not shake or have abnormal uniformity.

Comments: _____

3.4 ☐ ☐ Rubber wheels are not worn or damaged.

Comments: _____

3.5 ☐ ☐ Floor Lock pedal locks the base to floor and remains engaged until unlocked.

Comments: _____

4. Left and Right Spars operates properly.

4.1 ☐ ☐ Leg spars rotate from stored position to mid-line of table at foot end without binding or excessive effort.

Comments: _____

4.2 ☐ ☐ Spars extend to maximum length and lock from movement.

Comments: _____

4.3 ☐ ☐ Spars extend to partial length and lock from movement.

Comments: _____

4.4 ☐ ☐ Move spar IN/OUT. Press Spar Lock button / Spar Release pedal at several positions to check for smooth operation.

Comments: _____

5. Basic Control. Plug the table to AC source.

5.1 ☐ ☐ Using the "Table Up Pedal" all three columns (left/right foot end and base) raise simultaneously.

Comments: _____

5.2 ☐ ☐ Using the "Table Down Pedal" all three columns (left/right foot end and base) lower simultaneously.

Comments: _____

6. Standard Accessories operates properly.

6.1 ☐ ☐ Verify backrest pad is free of cracks or any other abnormality.

Comments: _____

This section is for Technical Services use only.

Reviewed**:** _____ Signature: _____ Date: _____